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To: Commissioner for Patents
Fax Number: (703) 872-9326
Date: October 26, 2004
Pages: 14 pages (including this cover sheet)

MESSAGE:

Application No. 09/804,728
Examiner Y. Retta
Art Unit 3622

Amendment Transmittal
Petition and Fee for Extension of Time
Amendment

696.005

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Amendment Transmittal

OCT 26 2004

Atty. Docket No. 696.005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Srinivasan et al.
Serial No. : 09/804,728 Examiner : Y. Retta
Filed : March 13, 2001 Group Art Unit : 3622
For : METHOD AND APPARATUS FOR INTERNET CUSTOMER
RETENTION

HON. COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☒ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☐ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☒ Applicants claim Small Entity status under 37 C.F.R. 1.27.

CERTIFICATE OF FACSIMILE TRANSMITTAL

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (703) 872-9326 on October 26, 2004 to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III

(Type or print name of person transmitting paper or fee)


(Signature of person transmitting paper or fee)

Page 1 of 2

FERENCE & ASSOCIATES
Amendment Transmittal

Atty. Docket No. 696.005

5. ☐ Also enclosed: _____
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

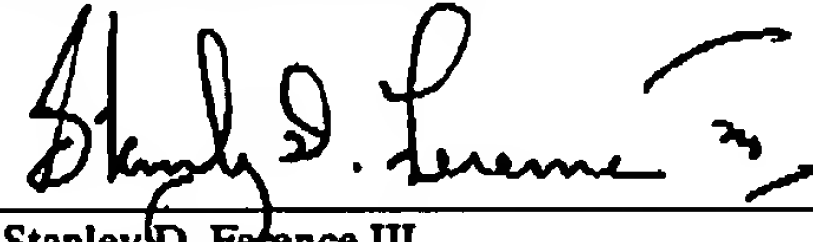
	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	<u>SMALL ENTITY</u>			<u>OTHER THAN A SMALL ENTITY</u>	
				<u>RATE</u>	<u>FEE</u>		<u>RATE</u>	<u>FEE</u>
Total Claims	13	** 20	= * 0	x \$9	=	O	x \$18	=
Ind. Claims	2	*** 3	= * 0	x \$44	=	O	x \$88	=
<input type="checkbox"/> Multiple Dependent Claim Presented				+ \$150	=	O	+ \$300	=
				TOTAL	= \$	O	TOTAL	= \$
						R		

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space.
- *** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$_____ to cover the filing fee.

Respectfully submitted,

FERENCE & ASSOCIATES

By 
Stanley D. Ference III
Reg. No. 33.879

Dated: October 26, 2004

Mailing Address:

Customer No. 35195
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